

KANSAS MEDICAID STATE PLAN

Attachment 4.19 D

Part I

Exhibit A-5

Page 28

Rev. 12/98

State of Kansas
Department of Social and Rehabilitation Services/
Department on Aging

NURSING FACILITY FINANCIAL AND STATISTICAL REPORT

KANSAS DEPARTMENT ON AGING		AGENCY USE ONLY	
Building		(1,2)	RETRO ADJUSTMENT
Avenue		(3,4)	FULL PARTIAL
OPEKA, KANSAS 66603-3404		(5,6)	

INSTRUCTIONS AND REGULATIONS ARE AN INTEGRAL PART OF THIS REPORT. YOU MUST READ THEM BEFORE COMPLETING.

PROVIDER ID NUMBER (NEED 10 DIGITS) 0	11. EMPLOYERS' FEDERAL ID NUMBER 0
2. PROVIDER NAME (The person or business organization responsible for meeting requirements, providing services and receiving payments.) 0	13. FACILITY NAME 0
4. & 15. FACILITY ADDRESS (STREET, CITY, STATE, ZIP) 0 0 0 0	
6. ADMINISTRATOR'S NAME 0	17. PHONE NUMBER 0 Fax 01/00/00 TO 01/00/00
18. REPORT PERIOD 01/00/00 TO 01/00/00	
19. FISCAL YEAR END 01/00/00	

CHECK ONLY ONE

21. EXISTING FACILITY (HISTORICAL)	22. NEW PROVIDER (PROJECTED)
23. NEW FACILITY (PROJECTED)	24. HISTORICAL R/Y SAME AS PROJECTED/1ST YEAR PERIOD
25. HISTORICAL F/Y OVERLAPS PROJECTION/1ST YEAR PERIOD	

CHECK ONLY ONE

26. SOLE PROPRIETORSHIP	27. PARTNERSHIP	28. CORP - PROFIT
29. CORP. - NON PROFIT	30. CITY OWNED	31. COUNTY OWNED
32. OTHER (SPECIFY)		

NURSING FACILITY BEDS	(1) BEG OF PERIOD	(2) INCREASE (DECR)	(3) DATE OF CHANGE	(4) END OF PERIOD
1. NURSING FACILITY (NF)	0	0	0	0
2. NF-MENTAL HEALTH (MH)	0	0	0	0
5. TOTAL NF & NF-MH LICENSED BEDS	0	0		0
6. TOTAL BED DAYS				0
8. TOTAL NURSING FACILITY /NFMH RESIDENT DAYS (ALL RESIDENTS FROM AU-3902 DISKETTE)			(4)	0
8a. TOTAL MEDICAID DAYS			(5)	0
8b. TOTAL MEDICARE DAYS				0

OTHER RESIDENTIAL BEDS	(1) BEG OF PERIOD	(2) INCREASE (DECR)	(3) DATE OF CHANGE	(4) END OF PERIOD
9. A. LIVING/RES. CARE	0	0	0	0
10. OTHER	0	0	0	0
11. OTHER RESIDENTIAL DAYS WITH SHARED NURSING FACILITY COSTS (ALL RESIDENTS FROM AU-3903 DISKETTE)				0

2. DOES THE FACILITY HAVE MEDICARE CERTIFIED BEDS? ☐ YES ☐ NO IF YES, COMPLETE 48b

3. IS THIS FACILITY (please check one): ☐ HOSPITAL BASED LTCU ☐ FREE-STANDING NF

This form Supersedes Form MS-2004, Rev. 12/96

Page 1 of 16

JUN 9 1999

TN#MS99-01 Approval Date _____ Effective Date 1/1/99 Supersedes TN#MS-97-05

DO NOT CROSS OUT OR RETITLE LINES

PROVIDER NUMBER

0

DO NOT INCLUDE MORE THAN ONE AMOUNT PER LINE.

SCHEDULE A

EXPENSE STATEMENT

ADMINISTRATION COST CENTER	LN#	TOTAL ANNUAL HOURS PAID (1)	PER BOOKS OR FEDERAL TAX RETURN (2)	PROVIDER ADJUSTMENTS (3)	RESIDENT RELATED EXPENSES (4)	(AGENCY USE)	(AGENCY USE)
						STATE ADJUSTMENTS (5)	ADJ RESIDENT RELATED EXPENSES (6)
SALARY - ADMINISTRATOR	101	0		\$0	\$0		\$0
SALARY - CO ADMINISTRATOR	102	0	\$0	\$0	\$0		\$0
OTHER ADMINISTRATIVE SALARIES	103	0	\$0	\$0	\$0		\$0
EMPLOYEE BENEFITS	104		\$0	\$0	\$0		\$0
OFFICE SUPPLIES & PRINTING	105		\$0	\$0	\$0		\$0
MANAGEMENT CONSULTANT FEES	106		\$0	\$0	\$0		\$0
OWNER/RELATED PARTY COMPENSATION - SCHEDULE C	107		\$0	\$0	\$0		\$0
ALLOCATION OF CENTRAL OFFICE COSTS (SEE INSTRUCTIONS)	108		\$0	\$0	\$0		\$0
PHONE & OTHER COMMUNICATION	109		\$0	\$0	\$0		\$0
TRAVEL	110		\$0	\$0	\$0		\$0
ADVERTISING	111		\$0	\$0	\$0		\$0
FEES & DUES	112		\$0	\$0	\$0		\$0
ACCOUNTING & DATA PROCESSING	113		\$0	\$0	\$0		\$0
INSURANCE (EXCEPT LIFE)	114		\$0	\$0	\$0		\$0
INTEREST (EXCEPT RE LOANS)	115		\$0	\$0	\$0		\$0
LEGAL	116		\$0	\$0	\$0		\$0
CRIMINAL BACKGROUND CHECK	117		\$0	\$0	\$0		\$0
OTHER (PLEASE SPECIFY)	118		\$0	\$0	\$0		\$0
TOTAL ADMINISTRATION COST CENTER	120	0	\$0	\$0	\$0	\$0	\$0

JUN 9 1999

DO NOT CROSS OUT OR RETITLE LINES

PROVIDER NUMBER

0

NOT INCLUDE MORE THAN ONE AMOUNT PER LINE.

SCHEDULE A

EXPENSE STATEMENT

PLANT OPERATING COST CENTER	LN#	TOTAL ANNUAL HOURS PAID (1)	PER BOOKS OR FEDERAL TAX RETURN (2)	PROVIDER ADJUSTMENTS (3)	RESIDENT RELATED EXPENSES (4)	(AGENCY USE)	(AGENCY USE)
						STATE ADJUSTMENTS (5)	ADJ RESIDENT RELATED EXPENSES (6)
REAL & PERSONAL PROPERTY TAX	121		\$0	\$0	\$0		\$0
SALARIES	126	0	\$0	\$0	\$0		\$0
EMPLOYEE BENEFITS	127		\$0	\$0	\$0		\$0
OWNER/RELATED PARTY COMPENSATION - SCHEDULE C	128		\$0	\$0	\$0		\$0
UTILITIES (EXCEPT PHONE)	129		\$0	\$0	\$0		\$0
MAINTENANCE & REPAIRS	130		\$0	\$0	\$0		\$0
SUPPLIES	131		\$0	\$0	\$0		\$0
SMALL EQUIPMENT (SEE INSTRUCTIONS)	137		\$0	\$0	\$0		\$0
OTHER (PLEASE SPECIFY)	138		\$0	\$0	\$0		\$0
TOTAL PLANT OPERATING COST CENTER	139	0	\$0	\$0	\$0	\$0	\$0

JUN 9 1999

DO NOT CROSS OUT OR RETITLE LINES**PROVIDER NUMBER**

0

NOT INCLUDE MORE THAN ONE AMOUNT PER LINE.**SCHEDULE A****EXPENSE STATEMENT**

ROOM & BOARD COST CENTER	LN#	TOTAL ANNUAL HOURS PAID (1)	PER BOOKS OR FEDERAL TAX RETURN (2)	PROVIDER ADJUSTMENTS (3)	RESIDENT RELATED EXPENSES (4)	(AGENCY USE)	(AGENCY USE)
						STATE ADJUSTMENTS (5)	ADJ RESIDENT RELATED EXPENSES (6)
EMPLOYEE BENEFITS	141		\$0	\$0	\$0		\$0
DIETARY:							
SALARIES	142	0	\$0	\$0	\$0		\$0
OWNER/RELATED PARTY COMPENSATION - SCHEDULE C	143		\$0	\$0	\$0		\$0
DIETARY CONSULTANT	144		\$0	\$0	\$0		\$0
FOOD	145		\$0	\$0	\$0		\$0
SUPPLIES	146		\$0	\$0	\$0		\$0
OTHER (PLEASE SPECIFY)	148		\$0	\$0	\$0		\$0
LAUNDRY & LINEN:							
SALARIES	149	0	\$0	\$0	\$0		\$0
LINEN & BEDDING MATERIAL	150		\$0	\$0	\$0		\$0
SUPPLIES	151		\$0	\$0	\$0		\$0
OTHER (PLEASE SPECIFY)	153		\$0	\$0	\$0		\$0
HOUSEKEEPING:							
SALARIES	154	0	\$0	\$0	\$0		\$0
SUPPLIES	155		\$0	\$0	\$0		\$0
OTHER (PLEASE SPECIFY)	158		\$0	\$0	\$0		\$0
TOTAL ROOM & BOARD COST CENTER	159	0	\$0	\$0	\$0	\$0	\$0

JUN 9 1999

DO NOT CROSS OUT OR RETITLE LINES

PROVIDER NUMBER

0

NOT INCLUDE MORE THAN ONE AMOUNT PER LINE.

SCHEDULE A

EXPENSE STATEMENT

HEALTH CARE COST CENTER	LN#	TOTAL ANNUAL HOURS PAID (1)	PER BOOKS OR FEDERAL TAX RETURN (2)	PROVIDER ADJUSTMENTS (3)	RESIDENT RELATED EXPENSES (4)	(AGENCY USE) STATE ADJUSTMENTS (5)	(AGENCY USE) ADJ RESIDENT RELATED EXPENSES (6)
NURSING:							
REGISTERED NURSE (RN)	161	0	\$0	\$0	\$0		\$0
LICENSED PRACTICAL NURSE	162a	0	\$0	\$0	\$0		\$0
LICENSED MENTAL HEALTH TECH	162b	0	\$0	\$0	\$0		\$0
NURSE AIDES	163a	0	\$0	\$0	\$0		\$0
MEDICATION AIDES	163b	0	\$0	\$0	\$0		\$0
RESTORATIVE/REHAB AIDES	163c	0	\$0	\$0	\$0		\$0
EMPLOYEE BENEFITS	164		\$0	\$0	\$0		\$0
OWNER/RELATED PARTY COMPENSATION - SCHEDULE C	165		\$0	\$0	\$0		\$0
NURSING CONSULTANTS	166		\$0	\$0	\$0		\$0
PURCHASED SERVICES	167		\$0	\$0	\$0		\$0
SING SUPPLIES	168		\$0	\$0	\$0		\$0
OTHER (PLEASE SPECIFY)	170		\$0	\$0	\$0		\$0
OTHER PATIENT SERVICES:							
PHYSICAL THERAPIST SALARY	171a	0	\$0	\$0	\$0		\$0
OCCUPATIONAL THERAPIST SALARY	171b	0	\$0	\$0	\$0		\$0
SPEECH THERAPIST SALARY	171c	0	\$0	\$0	\$0		\$0
RESPIRATORY THERAPIST SALARY	171d	0	\$0	\$0	\$0		\$0
PSYCH. THERAPIST SALARY	171e	0	\$0	\$0	\$0		\$0
RECREATIONAL THERAPIST SALARY	171f	0	\$0	\$0	\$0		\$0
OWNER/RELATED PARTY COMPENSATION - SCHEDULE C	172		\$0	\$0	\$0		\$0
RESIDENT ACTIVITIES SALARY	173a	0	\$0	\$0	\$0		\$0
SOCIAL WORKER SALARY	173b	0	\$0	\$0	\$0		\$0
MEDICAL RECORDS SALARIES	173c	0	\$0	\$0	\$0		\$0
OTHER HC SALARIES (SPECIFY)	173d	0	\$0	\$0	\$0		\$0
RESIDENT ACTIVITY ACTIVITIES	174		\$0	\$0	\$0		\$0

Page 5 of 16

JUN 9 1999

DO NOT CROSS OUT OR RETITLE LINES

PROVIDER NUMBER

0

NOT INCLUDE MORE THAN ONE AMOUNT PER LINE.

SCHEDULE A

EXPENSE STATEMENT

HEALTH CARE COST CENTER	LN#	TOTAL ANNUAL HOURS PAID (1)	PER BOOKS OR FEDERAL TAX RETURN (2)	PROVIDER ADJUSTMENTS (3)	RESIDENT RELATED EXPENSES (4)	(AGENCY USE) STATE ADJUSTMENTS (5)	(AGENCY USE) ADJ RESIDENT RELATED EXPENSES (6)
OTHER PATIENT SERV: (CONT)							
OCCUPATIONAL THERAPY - CONSULTANT	175		\$0	\$0	\$0		\$0
MEDICAL RECORDS - CONSULTANT	176		\$0	\$0	\$0		\$0
PHARMACIST - CONSULTANT	177		\$0	\$0	\$0		\$0
SPEECH THERAPY - CONSULTANT	178		\$0	\$0	\$0		\$0
PHYSICAL THERAPY - CONSULTANT	179		\$0	\$0	\$0		\$0
RESPIRATORY - CONSULTANT	180		\$0	\$0	\$0		\$0
NURSE AIDE TRAINING	181a		\$0	\$0	\$0		\$0
OTHER HEALTH CARE TRAINING	181b		\$0	\$0	\$0		\$0
RESIDENT TRANSPORTATION	182		\$0	\$0	\$0		\$0
OTHER (CONSULTANT)	183		\$0	\$0	\$0		\$0
ER (PLEASE SPECIFY)	188		\$0	\$0	\$0		\$0
TOTAL HEALTHCARE COST CENTER	189	0	\$0	\$0	\$0	\$0	\$0
TOTAL RATE FORMULA COSTS	190	0	\$0	\$0	\$0	\$0	\$0
OWNERSHIP COST CENTER							
INTEREST - REAL ESTATE	191		\$0	\$0	\$0		\$0
RENT/LEASE EXPENSE	192		\$0	\$0	\$0		\$0
AMORTIZED LEASEHOLD IMPROVEMENT	193		\$0	\$0	\$0		\$0
DEPRECIATION EXPENSE	194		\$0	\$0	\$0		\$0
TOTAL OWNERSHIP COST CENTER	195		\$0	\$0	\$0	\$0	\$0

JUN 9 1999

DO NOT CROSS OUT OR RETITLE LINES

PROVIDER NUMBER

0

NOT INCLUDE MORE THAN ONE AMOUNT PER LINE.

SCHEDULE A

EXPENSE STATEMENT

NON-REIMBURSABLE & NON-RESIDENT RELATED EXPENSE ITEMS	LN#	TOTAL ANNUAL HOURS PAID (1)	PER BOOKS OR FEDERAL TAX RETURN (2)	PROVIDER ADJUSTMENTS (3)	RESIDENT RELATED EXPENSES (4)	(AGENCY USE)	(AGENCY USE)
						STATE ADJUSTMENTS (5)	ADJ RESIDENT RELATED EXPENSES (6)
BAD DEBTS	200		\$0	\$0	\$0		
PROVISION FOR INCOME TAXES	201		\$0	\$0	\$0		
NONWORKING OWNERS/OFFICERS - SCHEDULE C	202		\$0	\$0	\$0		
DONATIONS	203		\$0	\$0	\$0		
FUND RAISING/PROMO & NON-REIMBURSABLE ADVERTISING	204		\$0	\$0	\$0		
LIFE INSURANCE - OWNERS/OFFICERS	205		\$0	\$0	\$0		
OXYGEN PURCHASES & SUPPLIES	206		\$0	\$0	\$0		
DRUGS - PHARMACEUTICALS	207		\$0	\$0	\$0		
VENDING MACHINES	208		\$0	\$0	\$0		
BOARD OF DIRECTORS EXPENSE	209		\$0	\$0	\$0		
RESIDENT PURCHASES	210		\$0	\$0	\$0		
BARBER/BEAUTY SHOP	211		\$0	\$0	\$0		
OTHER (PLEASE SPECIFY)	212		\$0	\$0	\$0		
OTHER (PLEASE SPECIFY)	213		\$0	\$0	\$0		
TOTAL NON-REIMBURSABLE	214		\$0	\$0	\$0		
TOTAL	215	0	\$0	\$0	\$0	\$0	\$0

ATTACH A DETAILED DEPRECIATION SCHEDULE AND THE DETAILED WORKING TRIAL BALANCE USED TO PREPARE THIS COST REPORT

JUN 9 1999

SCHEDULE B

EXPENSE RECONCILIATION

	LN#	(1) BOOKS	(2) FED TAX RETURN	(3) COST REPORT
TOTAL EXPENSES PER BOOKS	231	\$0		
TOTAL EXPENSES PER FEDERAL TAX RETURN	232		\$0	
TOTAL EXPENSES PER COST REPORT (LINE 215, COLUMN 2)	233			\$0
EXPENSES ON BOOKS OR FEDERAL TAX RETURN NOT ON COST REPORT				
SPECIFY	234	\$0	\$0	
SPECIFY	235	\$0	\$0	
EXPENSES ON COST REPORT NOT ON BOOKS OR FEDERAL TAX RETURN				
SPECIFY	237			\$0
SPECIFY	238			\$0
TOTAL (SHOULD BE EQUAL)	240	\$0	\$0	\$0

PROVIDER NUMBER

0

SCHEDULE C STATEMENT OF OWNERS AND RELATED PARTIES

LIST ALL OWNERS OF PROVIDERS WITH 5% OWNERSHIP INTEREST & ALL RELATED PARTIES.
SUMMARIZE THE AMOUNT AND NATURE OF TRANSACTIONS WITH ALL OWNERS & RELATED PARTIES.
FOR FURTHER CLARIFICATION SEE KAR 30-10-1a AND 30-10-24.

[illegible]

CALCULATIONS MUST EQUAL THE OWNER/RELATED PARTY LINES OF 107, 128, 143, 165, 172, & 202.

STATEMENT REALTED TO INTEREST ON ALL BONDS, LOANS, NOTES, AND MORTGAGES PAYABLE										PROVIDER NUMBER 0	
SCHEDULE D	LENDER'S NAME	LENDER'S ADDRESS	ITEMS FINANCED	REPORTED ON LINE	ORIGINATION DATE (1a)	DURATION (months) (1b)	INTEREST RATE (2)	ORIGINAL LOAN AMOUNT (3)	UNPAID BALANCE (4)	TOTAL ANNUAL PAYMENTS (5)	INTEREST EXPENSE (6)
	301										
	302										
	303										
	304										
	305										
	306										
	307										
	308										
	309										
	310a										
	310b										
	310c										
	310d										
	310e										
	310f										
	310g										
311 TOTALS:									\$0		\$0
LINE 115											
LINE 191									\$0		\$0

TOTAL OF COLUMN 6 MUST AGREE WITH THE SUM OF LINES 115 & 191. ENTRIES IN COLUMN 4 MUST AGREE WITH THE BALANCE SHEET. ATTACH A COPY OF LOAN AGREEMENTS AND AMORTIZATION SCHEDULES FOR ALL LOANS OF \$5,000 OR MORE IF NOT ALREADY SUBMITTED.

JUN 9 1999

TN#MS99-01 Approval Date _____ Effective Date 1/1/99 Supersedes TN#MS-97-05

SCHEDULE E		BALANCE SHEET		PROVIDER NUMBER 0	
ASSETS	LN#	BEGINNING OF PERIOD		END OF PERIOD	
		(1)	(2)	(3)	(4)
CASH	351		\$0		\$0
ACCOUNTS RECEIVABLE	352	\$0		\$0	
LESS: ALLOWANCE FOR DOUBTFUL ACCOUNT	353	\$0	\$0	\$0	\$0
INVENTORIES & SUPPLIES	354		\$0		\$0
ALL LOANS TO OFFICERS, OWNERS, AND RELATED PARTIES	355		\$0		\$0
ALL ASSETS NOT RELATED - RESIDENT CARE	356		\$0		\$0
ASSETS HELD FOR INVESTMENT	357		\$0		\$0
NURSING HOME PLANT & EQUIPMENT:					
BUILDING	358	\$0		\$0	
LESS: ACCUMULATED DEPRECIATION	359	\$0	\$0	\$0	\$0
EQUIPMENT	360	\$0		\$0	
LESS: ACCUMULATED DEPRECIATION	361	\$0	\$0	\$0	\$0
LEASEHOLD IMPROVEMENTS	362	\$0		\$0	
LESS: ACCUMULATED DEPRECIATION	363	\$0	\$0	\$0	\$0
LAND	364		\$0		\$0
OTHER	365		\$0		\$0
OTHER	366		\$0		\$0
TOTAL ASSETS	369		\$0		\$0
LIABILITIES & OWNER'S EQUITY					
ACCOUNTS PAYABLE	371		\$0		\$0
OTHER CURRENT LIABILITIES	372		\$0		\$0
ALL LOANS FROM OFFICERS, OWNERS AND RELATED PARTIES	373		\$0		\$0
MORTGAGE PAYABLE	374		\$0		\$0
OTHER LONG TERM LIABILITIES	375		\$0		\$0
OWNER'S EQUITY OR FUND BALANCE (LIST APPROPRIATE ACCOUNTS & AMOUNTS - SEE INSTRUCTIONS)					
	377		\$0		\$0
	378		\$0		\$0
	379		\$0		\$0
TOTAL LIABILITIES & OWNER'S EQUITY	380		\$0		\$0

JUN 9 1999